

A Leadership Effectiveness Survey of The Center for African Family Studies (CAFS)

December 4, 2004

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CAFS Leadership Effectiveness Survey
M&L, December 4, 2004.

**A Leadership Effectiveness Survey
of
The Center for African Family Studies
(CAFS)**

Conducted for REDSO
by Management Sciences for Health's (MSH)
Management and Leadership Program (M&L)
October 30 - December 3, 2003

Final Report
December 4, 2003

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On behalf of REDSO, the Management and Leadership Program (M&L) conducted an assessment of the leadership effectiveness of REDSO's three regional partners:

- The Center for African Family Studies (CAFS)
- The Regional Centre for Quality Health Care (RCQHC)
- The Commonwealth Regional Health Care Secretariat (CRHCS).

The goal of the survey was to get a better sense of their roles as leaders in health care in Eastern and Southern Africa and to provide key information to help guide the organizations to improve their overall performance.

Methodology

A survey with seventeen questions (please see Annex 2) on leadership in the area of health care was developed by REDSO in collaboration with its three partners. The first fifteen questions included multiple choice answers with five options: [1] Never, [2] Sometimes, [3] Almost Always, [4] Always and [5] Don't know. The last two questions allowed for a narrative response reflecting on the greatest assets and challenges of the partner organization. Respondents were requested to respond using their best professional judgment reflecting on the CAFS' performance over the last calendar year. Respondents were also assured that their responses will be completely confidential.

The survey questionnaire was sent by email (please see Annex 1) on October 30, 2003 to eighteen of CAFS' key stakeholders in East and Southern Africa. The stakeholders (please see Annex 3) were carefully selected by CAFS in collaboration with REDSO to provide a fair representation of CAFS' key partners, clients and donors. Respondents were given three options to respond to the questionnaire: 1) by email, 2) through the Web or 3) by fax and they were requested to send in their responses a week later by November 5, 2003. A reminder email was sent on November 4th. As is widely known, the rate of return on this type of questionnaire is notoriously low so we followed up the next three weeks with phone calls. Three more email reminders were also sent at one week intervals and the deadline pushed forward to accommodate more responses. Responses were received and accepted up until December 3rd, 2003 giving a total of 5 weeks to respond. It was very difficult to get through on the phone to most of the organizations and when we did succeed it was not always possible to speak with the informant directly (many of them were on work missions in other countries). In these cases, messages were left with the secretary requesting them to forward the questionnaire on to the person or to have them respond as soon as they return. Second (and in some cases third) follow-up

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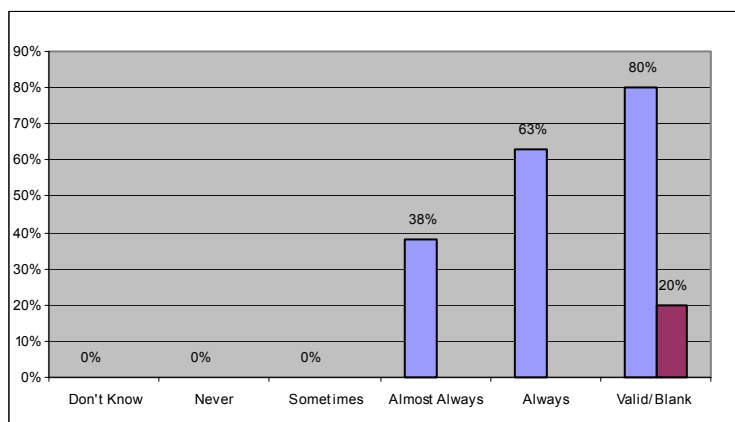
phone calls were made at a later date. When we were able to communicate directly with the informant, the option to respond to the 17 questions over the phone was also provided. The majority however, opted to send their responses by email or fax.

Results

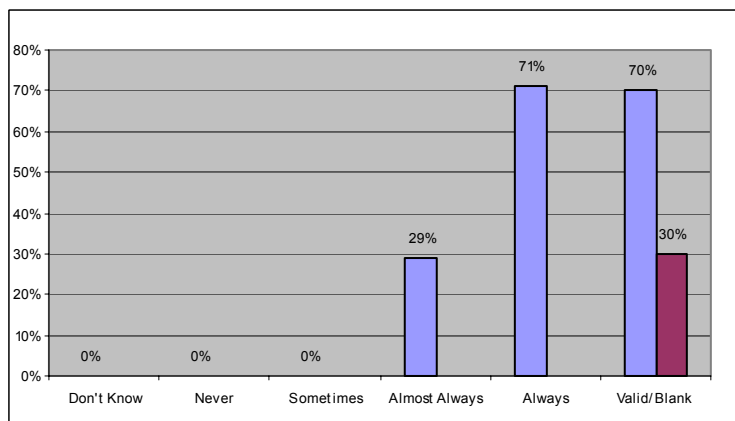
Of the 18 questionnaires sent for CAFS, 10 responded giving a 56% response rate. All 10 questionnaires were completed. Two people on the list no longer worked for the organization and no one else within the organization seemed to know CAFS well enough to be willing to respond. Of the people reached by phone, one had not received the email and requested it sent to another email address which was done immediately. The rest never responded despite our numerous requests by email, phone and fax over a period of more than a month.

From the responses received, CAFS is considered...

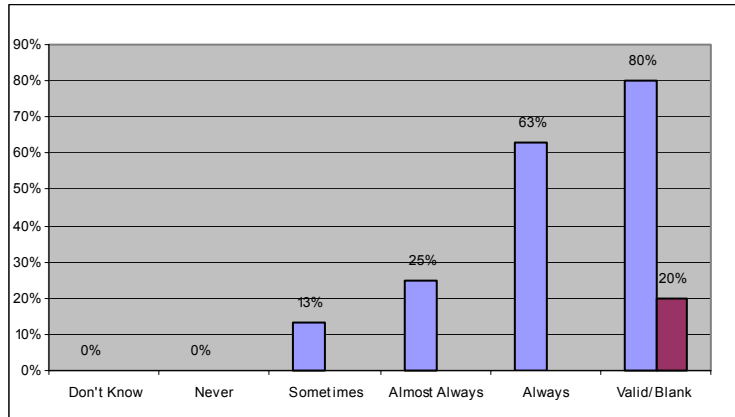
1. A reliable source of current information on health issues of importance in ESA



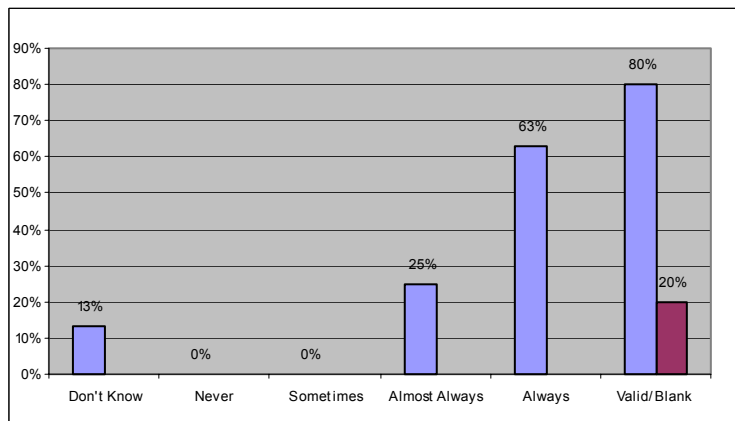
2. A provider of high quality services and products (e.g., reports, consultancies, training, meetings)



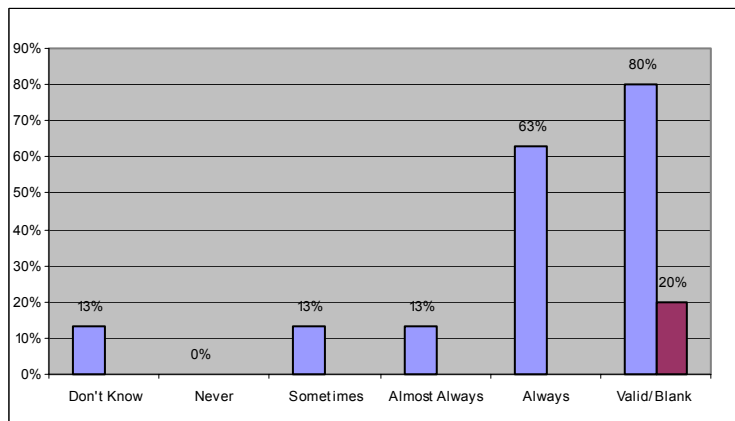
3. An organization that brings effective attention to emerging trends in health systems and/or health care delivery



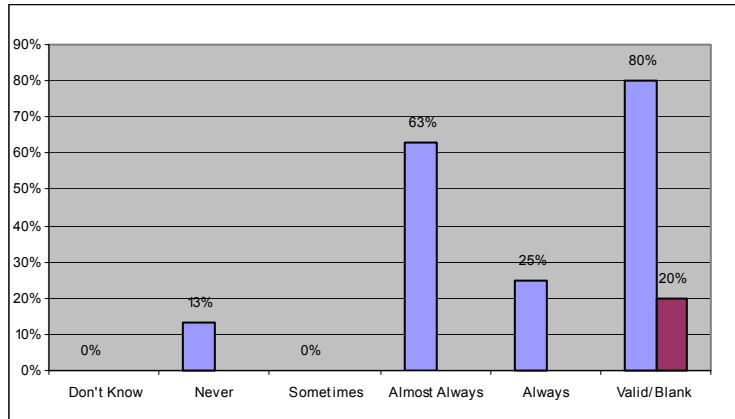
4. Trusted as an impartial and effective convener of meetings, informal networks, or coalitions to address important health issues



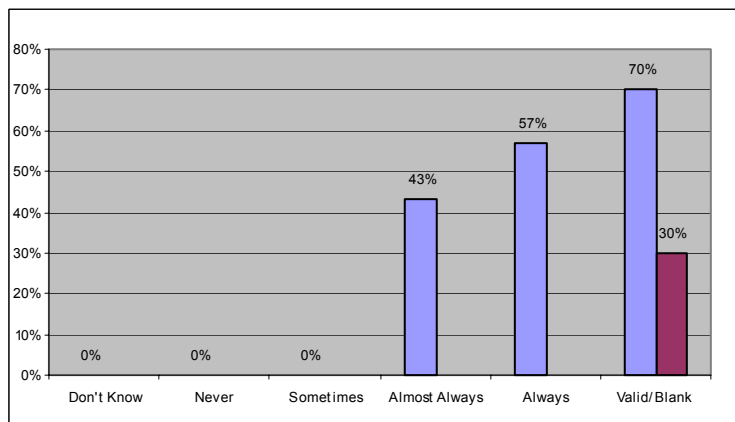
5. Having appropriate impact on the broader health policy environment



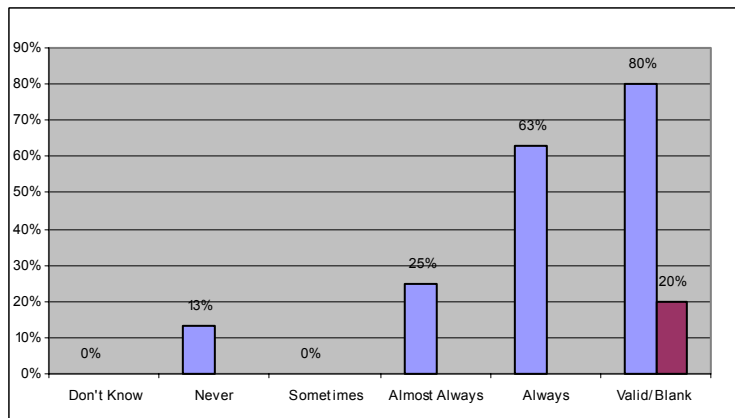
6. Having appropriate impact on operational policies for health care delivery (e.g, guidelines, standard-setting, etc.)



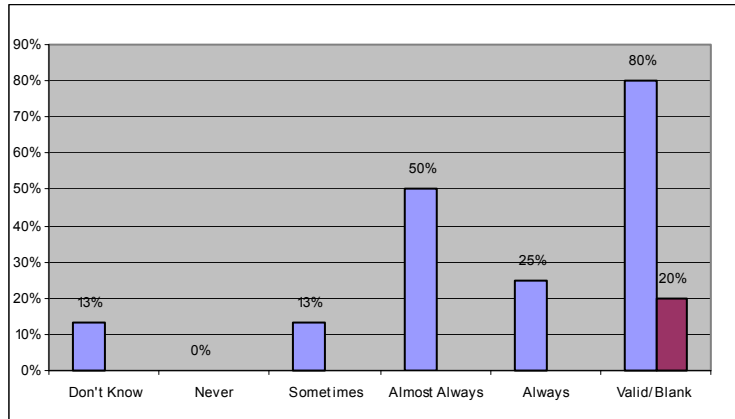
7. Representing a well-developed and effective network of organizations/institutions with shared interests



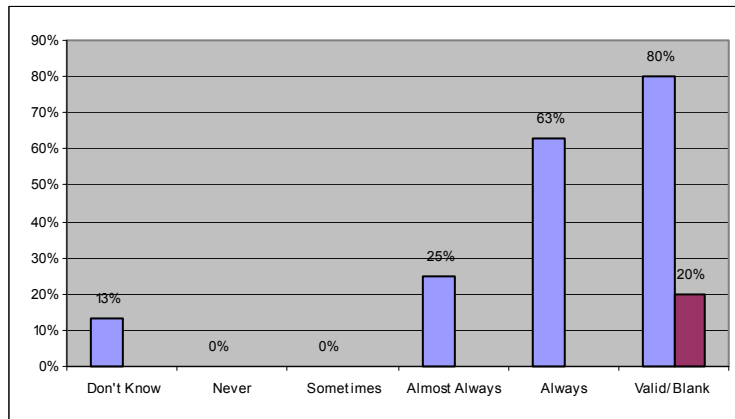
8. Contributing to directly or indirectly to quality of care for the “end users” of the system (e.g., providers and consumers of patient care)



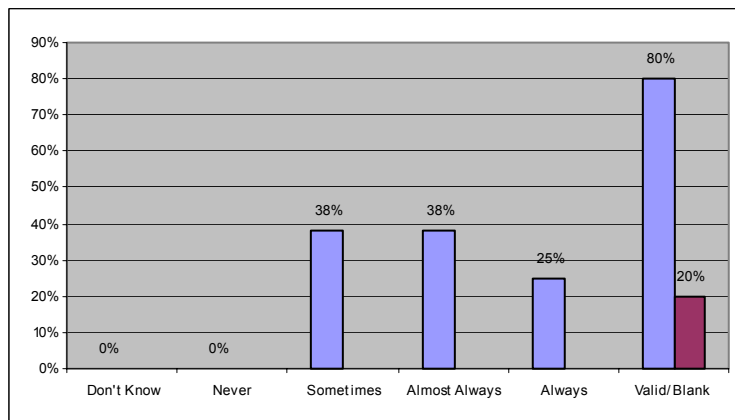
9. Influential in the process of improving health systems/health care



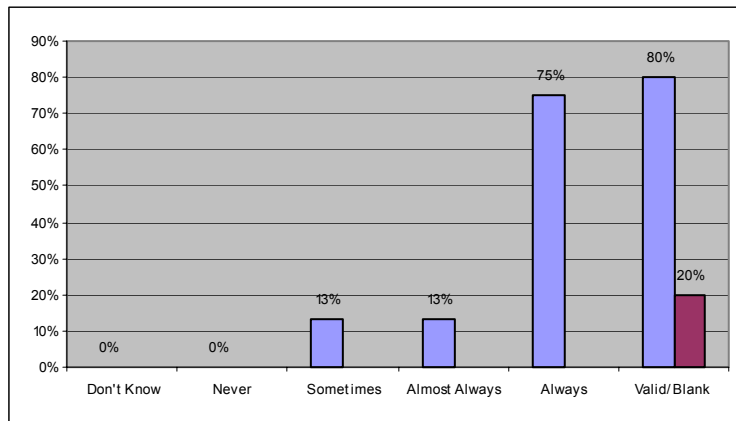
10. Providing skills and services that are in high demand



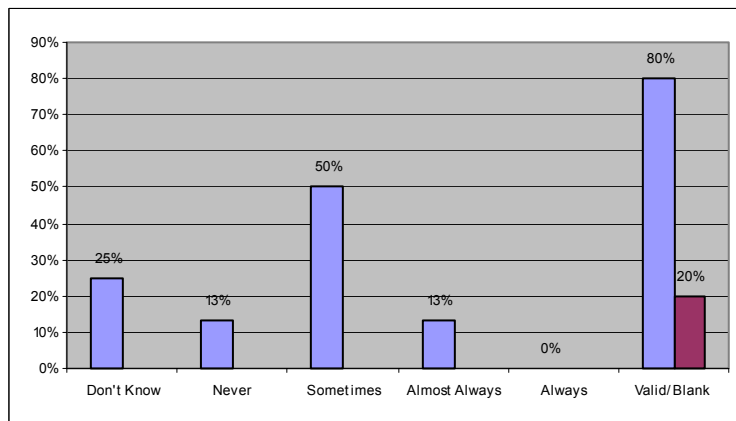
11. Having sufficient organizational capacity (human, and other resources) to meet demand for their services



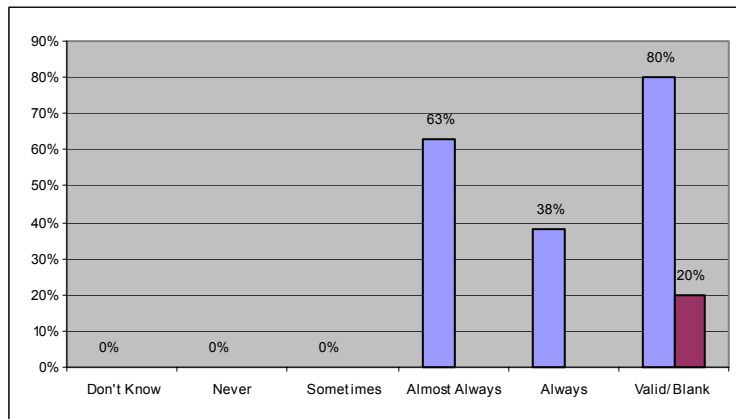
12. Being responsive to requests for their services



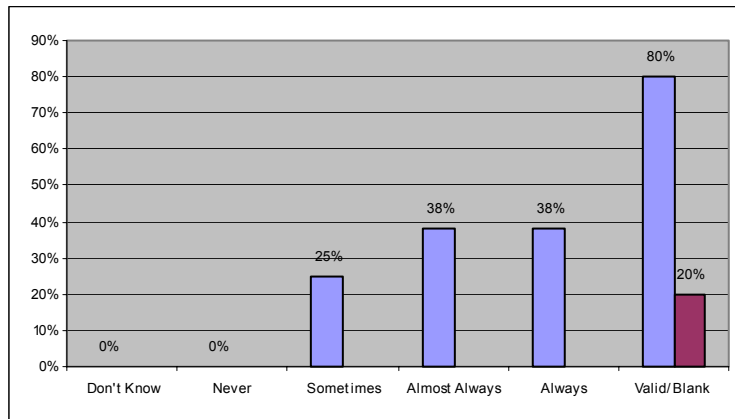
13. A regional or national vehicle for effectively managing and accounting for resources



14. Having state-of-the-art technical knowledge and skills



15. An organization that will meet important needs well into the future



16. CAFS' greatest asset are . . .

- Training expertise and reputation
- Providing SRH leadership and approaches in knowledge, skills and implementation of projects.
- in training and actually being able to satisfy the objectives set for the training they conduct. It actually always exceeds the expectation of the participants in every course they run.
- Expertise knowledge
- It is an African institution originated to improve reproductive health services based on African standards
- Management, technical capacity and skills of staff as well as Africa wide coverage
- its human resources and good track record
- Looks good

17. CAFS' greatest challenge are. . .

- responding to emerging needs in a dynamic regional environment.
- Inability to follow up on their graduates
- scaling out that it looks there is a high demand for the services in the SADC region i.e. southern Africa
- Scarce resources
- to meet the increasing demand of capacity building of African countries in general and sub-Saharan Africa in particular, regarding reproductive health issues
- The changing SRH landscape due to the HIV/AIDS scourge
- unsure really

Analysis:

In order to conduct an analysis of the survey results, the questions were grouped into three categories. This allowed us to determine whether the organization is perceived strong in some areas yet weak in others.

The three categories provide a means for us to determine the leadership effectiveness of the organization

- A. as a provider of health services and products;
- B. as a regional coordinating body and
- C. as having impact on health in the region.

For each category, we then arrived at a score on a scale between 1 and 4. That score measures how respondents perceive the organization. A score of 1 indicates that the respondents have a very unfavorable perception of the organization while a score of 4 indicates a very favorable perception.

We used the following method to arrive at each score:

1. First, we compiled averages for each possible response in each category.
For example, of all the responses in category A,
51.67% were "Always"
34.33% were "Almost Always"
12.67% were "Sometimes"
0% were "Never."
2. Each possible response was then assigned a number value:
"Never" was 1
"Sometimes" was 2
"Almost Always" was 3
"Always" was 4.
3. By multiplying the average percentages for each response by the assigned value for each response, and then summing the products, we then arrive at a score between 1-4.
For example, in category A:

Never	0%	X	1	=	0
Sometimes	12.67%	X	2	=	0.25
Almost Always	34.33%	X	3	=	1.03
Always	51.67%	X	4	=	2.07
Total				=	3.35

In other words, CAFS' scored a 3.35 on a scale of 1-4 for category A.

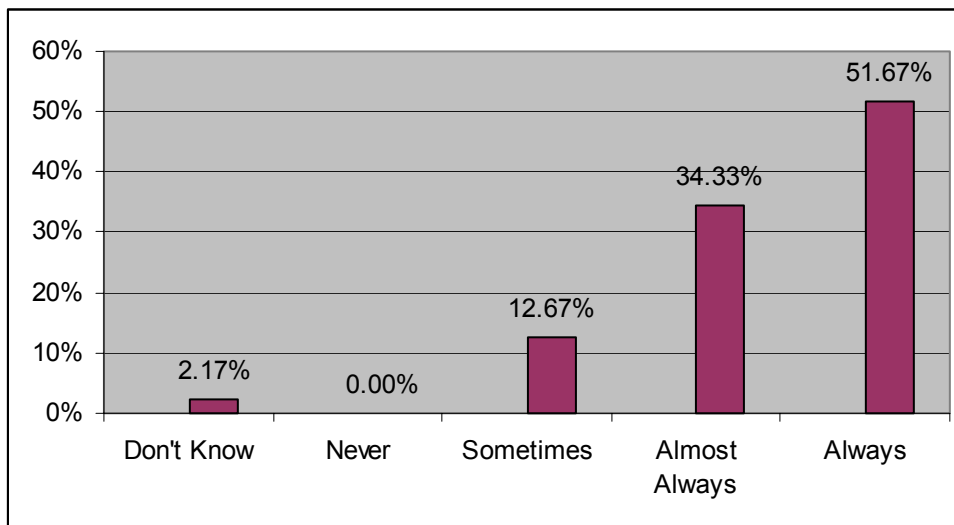
The analysis below presents a score for the organization in each category area indicating the respondents' perception of their leadership effectiveness in that area.

A. As a provider of Health Services and Products:

This category includes questions 2, 10, 11, 12, 14 and 15 that pertain to the organization's ability and capacity to provide services and products.

It takes into account:

- the quality of their services and products
- their technical knowledge and skills
- their responsiveness to requests for services
- whether they provide services that are in demand
- their capacity to meet the demand
- adaptability to changing demands

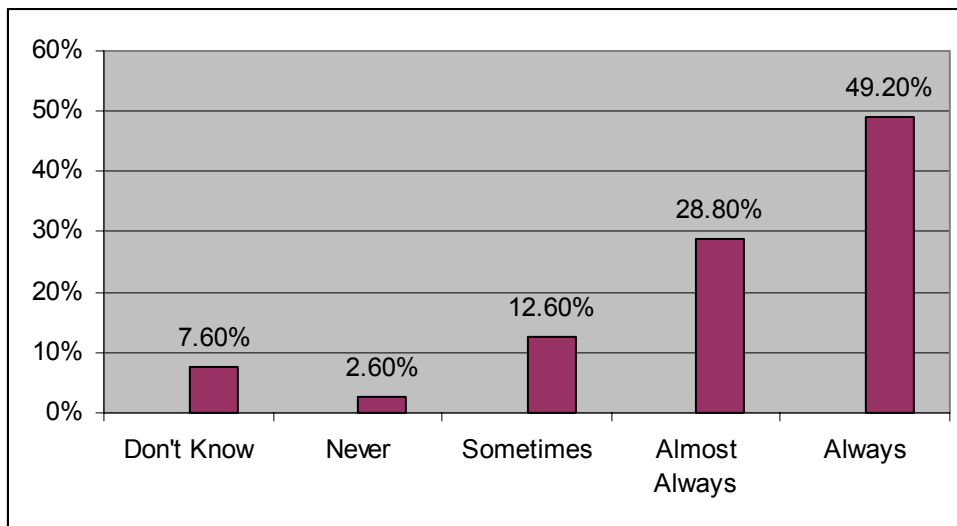


On a scale of 1-4, **CAFS scored a 3.35 in category A.**

2. As a Regional Coordinating Body:

This category includes questions 1, 3, 4, 7 and 13 that pertain to the organization's effectiveness as a regional health organization. It takes into account:

- their reliability as a source of current information on health issues
- their effectiveness in bringing attention to emerging health trends
- their coordination and networking abilities
- their ability to effectively manage and account for health resources in the region

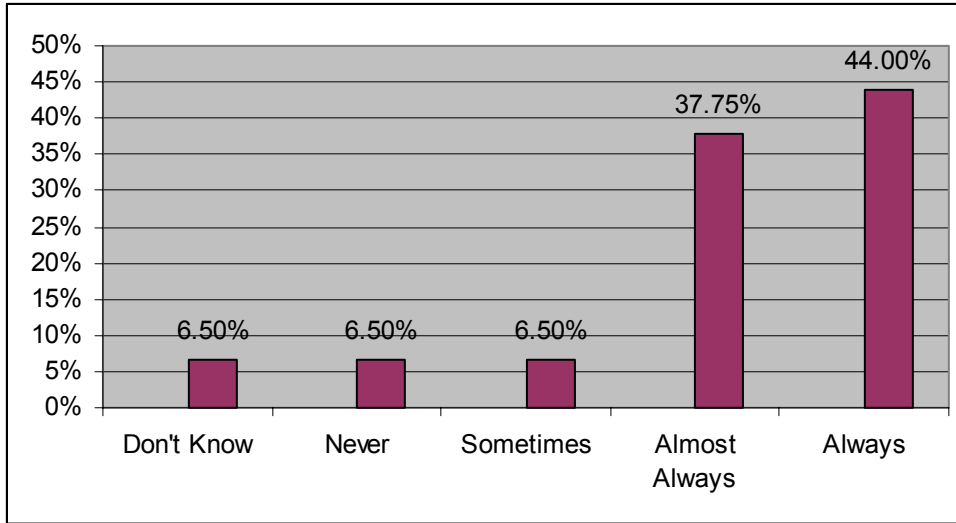


On a scale of 1-4, CAFS scored a **3.11** in category B.

3. As having Impact on Health in the Region:

This category includes questions 5, 6, 8 and 9 that pertain to the organization's impact on health in the region. It takes into account:

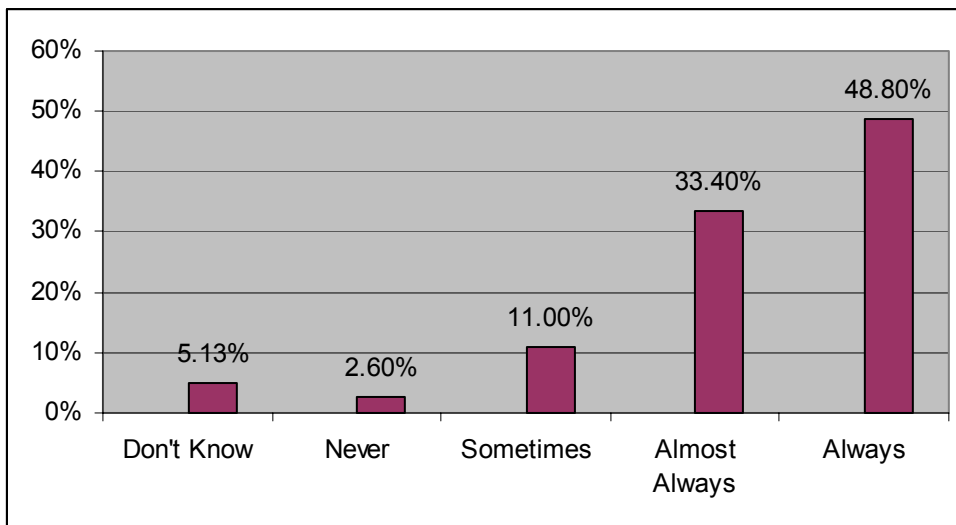
- their impact on the broader health policy environment
- their impact on operational policies for health care delivery
- their impact on quality of care for the "end users" of the health system
- their impact on influencing the process of improving health systems/health care



On a scale of 1-4, CAFS scored a **3.09** in category C.

Average:

The graph below aggregates all the survey questions to get an overall score of CAFS' leadership effectiveness in the region.



On a scale of 1-4, CAFS scored a **3.2** on average.